

# JOHN TIERNEY, MD

*Diplomate of the American Board of Psychiatry and  
Neurology Board Certified in Adult and Geriatric Psychiatry  
American College of Psychiatry since 1998  
Fellow American Psychiatric Association*

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## MEDICARE PRIVATE CONTRACT

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This agreement is entered into by and between  
whose principal medical office is located at:

John Tierney, MD ("Physician"),  
508 E. San Antonio Ave, Boerne, TX, 78006 \_\_\_\_\_

and:

\_\_\_\_\_  
("Beneficiary" enrolled in Medicare Part B),

who resides at:

\_\_\_\_\_  
(Address)

The Physician informed the Beneficiary that he opted out of the Medicare program effective October 15, 2003.

### **Background:**

A change in the Social Security Act, effective January 1, 1998, permits Medicare beneficiaries and physicians to contract privately outside of the Medicare program. However, beneficiaries and physicians who take advantage of this provision are **not permitted to submit claims for payment** or to expect payment for those services from Medicare. The Physician has certain other obligations, such as filing an affidavit with the appropriate Medicare carrier(s), a copy of which is attached to this contract. The purpose of this contract is to permit the Beneficiary and the Physician to take advantage of this change in the Medicare law, and it sets forth the rights and obligations of each. Furthermore, this agreement is limited to the financial agreement between Physician and Beneficiary and is not intended to obligate either party to a specific course or duration of treatment.

### **Obligations of Physician:**

1. Physician agrees to provide such treatment as may be mutually agreed upon by the parties and at mutually agreed upon fees.
2. Physician agrees not to submit any claims for payment under the Medicare program for any items or services even if such items or services are otherwise covered by Medicare.
3. Physician acknowledges that (s)he will not execute this contract at a time when the Beneficiary is facing an emergency or urgent healthcare situation.
4. Physician agrees to provide the beneficiary or his/her legal representative with a copy of this document before items or services are furnished to the beneficiary under its terms.
5. Physician agrees to submit copies of this contract to the Centers for Medicare and Medicaid Services (CMS), upon the request of the CMS.

### **Obligations of Beneficiary:**

1. Beneficiary or legal representative agrees to be **fully responsible for payment** of all items or services furnished by Physician and understand that **No Reimbursement** will be provided under the Medicare program for such items or services.
2. Beneficiary or legal representative acknowledges and understands that no limits under the Medicare program (including the limits under section 1848 (g) of the Social Security Act) apply to amounts that may be charged by Physician for such items or services.

3. Beneficiary or legal representative agrees **not to submit a claim** for payment to Medicare and further agrees **not to ask Physician to submit a claim** for payment to Medicare.
4. Beneficiary or legal representative understands that Medicare payment will not be made for any items or services furnished by Physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.
5. Beneficiary or legal representative enters into this contract with the knowledge and understanding that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that the Beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out of Medicare.
6. Beneficiary or legal representative understands that Medigap plans (under section 1882 of the Social Security Act) do **NOT**, and other supplemental insurance plans may elect not to, make payments for such items and services not paid for by Medicare.
7. Beneficiary or legal representative acknowledges that the Centers for Medicare and Medicaid Services (CMS) has the right to obtain copies of this contract upon request.

**Physician's Status:**

Beneficiary or legal representative further acknowledges understanding that Physician has not been excluded from participation under the Medicare program under section 1128, 1156, 1892 or any other section of the Social Security Act.

**Term and Termination:**

This agreement shall become effective on \_\_\_\_\_ and shall **remain in effect** until either party terminates the agreement. (Date)

(Despite the term of the agreement, either party may choose to terminate treatment with reasonable notice to the other party. Notwithstanding this right to terminate treatment, both Physician and Beneficiary or legal representative agree that the **obligation not to pursue Medicare reimbursement for items and services provided under this contract shall survive this contract.**)

**Successors and Assigns:**

The parties agree that this agreement shall be fully binding on their heirs, successors, and assigns. The parties hereto, intending to be legally bound by signing this agreement below, have caused this agreement to be executed on the date written below.

**John Tierney, MD**

(Physician)

\_\_\_\_\_  
(Name of Beneficiary (printed) or Legal Representative)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Signature of Beneficiary or Legal Representative )

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)